

 <p>commerce.wi.gov Wisconsin Department of Commerce Safety & Buildings Division Bureau of Integrated Services</p>	APPLICATION FOR AMUSEMENT RIDES, LIFTS, AND TOWS -Complete all pages- NOTE: Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]	AMUSEMENT RIDES, LIFTS, AND TOWS
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This form may be utilized for fax appointments. Indicate date plans will be in our office: _____

Circle your choice of office: 1. Next available appointment 2. Madison 3. Waukesha

E Mail Scheduling PlanSchedule@commerce.state.wi.us Toll free fax number (877) 840-9172

1. Complete for <u>confirmed</u> appointments*:	
Transaction ID: _____ Previous Related Trans. ID: _____ Assigned Reviewer: _____ Assigned Office: _____ Review Start Date*: _____	For next available appointment, plan status checks, see our website at http://www.commerce.state.wi.us/SB/SB-DivReview.html . <div style="border: 1px solid black; padding: 5px; text-align: center;"> *Plans <u>must be received</u> in the office of the appointment no later than <u>2 working day</u> before the confirmed appointment. </div>
Submittal Type: ___ New ___ Alteration Ride Type: ___ Permanent ___ Portable	2. Project Information – Fill in all known information Project/Site Name _____ Ride or lift name/designation _____ Number & Street _____ County _____ () City () Village () Town of _____

Review Requested:	Fee	Fee Calculation (Enter pertinent fees from fee column and total)
<input type="checkbox"/> Class 1 Amusement Ride	\$220	
<input type="checkbox"/> Class 2 Amusement Ride	\$220	
<input type="checkbox"/> Class 3 Amusement Ride	\$220	
<input type="checkbox"/> Modified Amusement Ride	\$220	
<input type="checkbox"/> Gondola lift & rides	\$780	
<input type="checkbox"/> Chair lifts & rides	\$580	
<input type="checkbox"/> Surface tows, except fiber and wire rope tows	\$390	
<input type="checkbox"/> Fiber & rope tows and conveyors	\$260	
	TOTAL FEE	

3. Mailing Information After plans are reviewed, please: (check all that apply) ___ Call Customer 1, 2, 3 (circle number)* ___ Mail plans to customer 1, 2, 3, (circle number)* ___ Requesting party will pick up. <div style="text-align: center; font-size: small;">*Refers to customer listed below</div>		
4. Complete the following customer information in the boxes below.		
Designer Information (Customer 1) (Person who stamped the plan) First Name _____ Last Name _____ Commerce Customer Number _____ Company Name _____ Address _____ City _____ State _____ Zip + 4 (9 digits) _____ (Area Code) Phone Number _____ Fax Number _____ email address _____	Other, Please Specify (Customer 3) _____ First Name _____ Last Name _____ Commerce Customer Number _____ Company Name _____ Address _____ City _____ State _____ Zip + 4 (9 digits) _____ (Area Code) Phone Number _____ Fax Number _____ email address _____	
Owner Information (Customer 2) First Name _____ Last Name _____ Commerce Customer Number _____ Company Name _____ Address _____ City _____ State _____ Zip + 4 (9 digits) _____ (Area Code) Phone Number _____ Fax Number _____ email address _____	Make checks payable to Dept. of Commerce, Attach check here. <div style="text-align: right; font-size: large;"> Total amount due \$ _____ (From above) </div>	

5. Appointment , Scheduling Information, and Plan Submittal Checklists

For your convenience we have installed a 24 hour, toll free number dedicated to receiving fax plan review appointment requests only. The number is **877-840-9172**. Be sure to indicate whether you want the next available review statewide or prefer a choice of an office. You will receive a Confirmation Letter back with an Appointment Date, Transaction ID No. and Assigned Reviewer. You may also E-mail the request to PlanSchedule@commerce.state.wi.us Plans must be received in the office of the appointment no later than 2 working days before the confirmed appointment. Non-scheduled submittals or submittals received without a confirmed appointment date and transaction number on the form may be assigned to offices other than the receiving office depending on reviewer availability.. You may email technical code questions to healthsafetech@commerce.state.wi.us.
NOTE: To gain more information about Safety and Buildings (forms, codes, staff, etc.), view our website at:
<http://www.commerce.state.wi.us/SB/SB-HomePage.html>.

Waukesha S&BD

141 NW Barstow St
4th Floor
Waukesha WI 53188-3789

262-548-8600

Fax: (for sending questions or additional info to reviewers)

262-548-8614

Madison S&BD

201 W Washington Ave
53703

PO Box 7162
Madison WI 53707-7162

608-266-3151

TDD 608-264-8777

Fax: (for sending questions or additional info to reviewers)

608-267-9566

Plan submittal for amusement rides shall include all of the following:

- 1) Completed plan approval application form & appropriate review fees
- 2) At least three complete sets of plans or one complete set of plans and two index sheets submitted for review and approval
- 3) Plans shall contain all of the following:
 - Name of owner,
 - Address of amusement ride,
 - Name, seal & signature of Wisconsin professional engineer or the name of the person who prepared the plans on the title sheet,
 - Plot plan showing location of amusement ride with respect to property lines, adjoining streets, alleys, electrical transmission lines and other hazards, and any other buildings or structures on the site,
 - Floor plans or layout of each floor of the ride if applicable and floor plans of building if ride is located within a structure,
 - Elevation views containing information of exterior appearance of amusement ride,
 - Sections and details clarifying the ride design,
 - Structural data including structural calculations, soil bearing capacities, live loads & itemized dead loads, unit stresses for structural materials,
 - Structural plans including footing and foundation plans, anchor bolt layouts, connection details, framing plans, etc.,
 - Plans indicating access to, egress from, and passageways through amusement ride as applicable, and
 - Other applicable requirements within Chapter 34.

Plan submittal for lift, tows shall include all of the following:

- 1) A completed plan approval application form with the appropriate review fees
- 2) Three sets of clear, legible and permanent copies of plans and one copy of specifications shall be submitted for review
- 3) Plans shall include the following as applicable to the system:
 - Name of owner & location of system,
 - Name and address of system designer,
 - Plot plan showing location of system with respect to property lines, adjoining streets, alleys, electrical transmission lines and other hazards, and any other buildings or structures on the site,
 - Site plan and profile map showing location of towers, power units, counterweights, & pits as applicable,
 - Clearances of towers, system path, and counterweights, and
 - Details of construction mountings, foundations, and supports, sheave assemblies and carriages:
 - Footing and foundation and anchorage block (if applicable) sizes, reinforcement sizes, locations, depths below grade, & strengths, etc.,
 - Drive station terminal, return station terminal, and tower framing including columns, cross arm, braces, beams/headers, base plates and connection details, strengths, materials used, sizes, dimension of components, etc.,
 - Location, design and connection details of tow handles to the "haul rope, if applicable,
 - Sheave and carriage anchorage and connections, and
 - Plans and structural calculations correspond to one another.
- 4) Structural data including structural calculations, soil bearing capacities, live loads & itemized deal loads, unit stresses for structural materials, wire rope strengths and capacities.

Please note: The Department may request additional information be provided in order to determine the adequacy of the design of the amusement ride, tramway, lift or tow.